

New Jersey Department of Health  
**CY 2017 FINANCIAL REPORT**  
**LICENSED AMBULATORY CARE FACILITIES**  
**SUBJECT TO THE AMBULATORY ASSESSMENT**

*Refer to the accompanying instructions to fill out this form.*

<b>Name and Address of Facility</b> <b>Dynamic Surgery Center, LLC</b> <b>321 Essex Street</b> <b>Hackensack, NJ 07601</b>		<b>License Number</b> <b>24739</b>		
		<b>NJ Tax Identification Number</b> <b>81-4550655</b>		

  

Line No.	Payer	A	B	C
		All Visits	Gross Charges	Gross Receipts *
1	Medicare (Fee-for-Service and/or HMO)	0	0	0
2	Medicaid (Fee-for-Service and/or HMO)	0	0	0
3	Other Government Payer	0	0	0
4	Commercial	147	9,971,328.05	1,346.14
5	Self Pay	16	48,000.00	27,400.00
6	Others	1920	26,535,054.07	6,562,117.86
7	<b>Totals</b>	5,083	36,554,382.12	6,590,864.00

\* If CY 2017 Gross Receipts are for less than 12 months, check here: ☐

Voluntarily Submitted Information for Charity Care Services	A	B	C
	All Visits	Gross Charges	Gross Receipts
Reduced or No-Fee Care to Patients Based Upon Ability to Pay	0	0	0

<b>Certified By (Print Name)</b> <b>Yan Moshe</b>		<b>Title</b> <b>CEO</b>	
<b>Signature</b> 	<b>Telephone Number</b> <b>201-692-9800</b>	<b>Date</b> <b>05/03/2018</b>	
<b>Name of License Holder (if different from above)</b> <b>Dynamic Surgery Center, LLC</b>			
<b>Signature</b> 	<b>Date</b> <b>05/03/2018</b>		